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Structural sexism and anti-LGB stigma linked to poor birth outcomes in the US

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New research links structural sexism, restrictive family planning policies, and structural discrimination against lesbian, gay, and bisexual (LGB) populations with increased risk of preterm birth and decreased

birth weight—regardless of the sexual orientation of the person giving birth. Morgan Philbin at Columbia University Mailman School of Public Health is the senior author of the study, which is the first to explore this relationship. The findings appear in the journal *Demography*.

Preterm birth and decreased birth weight are known risk factors for health conditions later in life, including, diabetes, heart disease, and high blood pressure.

The researchers developed a unique composite measure to account for economic, cultural, and political dimensions of what they call "structural heteropatriarchy," defined as the interlocking systems of oppression that operate on multiple levels to privilege both men and heterosexual individuals; this extends current research on structural intersectionality. Measures include state-level LGB policies, family planning policies and funding streams, and indicators of structural sexism (e.g., women's political and economic position relative to men). Birth outcomes were sourced from four waves of data from the National Longitudinal Study of Adolescent to Adult Health.

There is a growing body of evidence that structural sexism and structural discrimination against women and against LGB populations is linked to poor health outcomes. Exposure to discrimination and stress are known to negatively affect birth outcomes.

"Our study goes beyond the individual experience of discrimination to look at how systems of oppression reinforce each other and result in poor birth outcomes," says Philbin, an assistant professor of sociomedical sciences at Columbia Mailman. "A pregnant person need not identify or 'feel' their heteropatriarchal environment as potentially detrimental for that pregnancy to be negatively impacted."

Structural heteropatriarchy can limit access to reproductive health care

or shape the kind of care offered; it can limit access to socioeconomic opportunities, and it can shape the norms and expectations around reproduction—all of which might contribute to adverse birth outcomes. One example can be found in the notion that a woman's role is as a mother married to a man; structural heteropatriarchy then creates a system that enforces that norm (e.g., by banning abortion, banning same-sex marriage or adoption). Access to family planning is strongly linked to birth outcomes. People often avoid childbearing for reasons that are related to birth outcomes, including financial insecurity, issues related to mental health, and abusive partnerships. People also terminate pregnancies because of health issues directly related to the pregnancy itself.

The researchers found no statistical differences between how heteropatriarchy affected individuals based on their sexual identity; the negative effects of heteropatriarchy on birth outcomes existed for all pregnant people. This suggests that the negative effects of heteropatriarchy may "spillover" and affect individuals who are not the intended target of these policies. For example, heterosexual women may be negatively impacted by environments that have more restrictive policies related to LGB rights as part of a system that also reinforces sexism and heterosexism.

The researchers say future research should examine the impact of heteropatriarchy on additional health outcomes in conjunction with other structural inequalities such as racism, immigrant-related stigma, and transgender oppression.

The study's first author is Bethany G. Everett, University of Utah, Salt Lake City. Co-authors include Aubrey Limburg, University of Colorado Boulder; and Patricia Homan, Florida State University, Tallahassee.

More information: Bethany G. Everett et al, Structural

Heteropatriarchy and Birth Outcomes in the United States, *Demography* (2021). DOI: 10.1215/00703370-9606030